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## APPLICANTS

Nathan Andrew Shapira, Gainesville, FL;  
 Giselle D. Mann, Gainesville, FL;  
 April M. Annis, Gainesville, FL;  
 Toby Doris Goldsmith, Gainesville, FL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

23557

## TITLE

Methods to prevent or ameliorate medication-, procedure-or stress-induced cognitive and speech dysfunction and methods to optimize cognitive and speech functioning

<b>FILING FEE RECEIVED</b> 679	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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